

# ***Idaho HIV Prevention and Care Council***

## ***Orientation Guide***



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
STD/AIDS Program



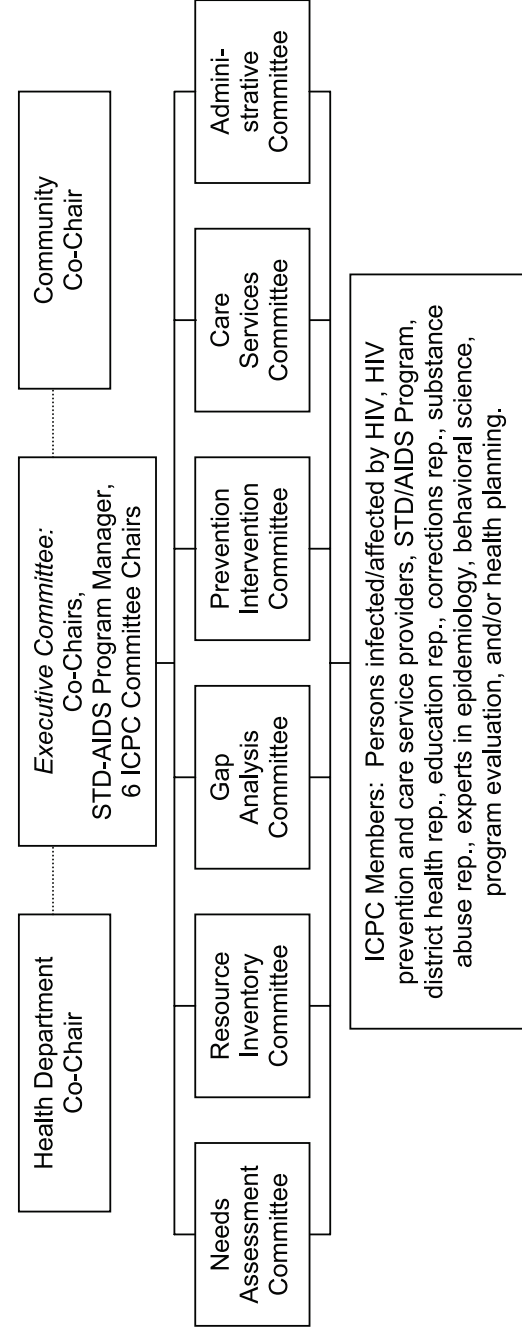


The Idaho STD/AIDS Program wishes to credit the Iowa HIV Community Planning Group for inclusion of material from its “Putting the Pieces Together” Orientation Guide.

The Idaho STD/AIDS Program also wishes to thank the Idaho HIV Care and Prevention Executive Committee for its work in preparing this orientation guide.



## The Idaho HIV Care and Prevention Council



**\*\* Footnote describing relationship of the ICPC to the Department of Health and Welfare, and the overall responsibility and authority of DHW for HIV care and prevention community planning.**



#### *H. Estimated Time Required*

In addition to the time requirements outlined for all ICPC members, the Co-Chair can expect to spend an additional several hours per month on ICPC business.

#### *I. Additional Duties as Required*

1. Decide how co-chairs will share their joint responsibilities.
2. Seek input from the ICPC in determining an agenda for each meeting.
3. Review the minutes from each meeting and ensure that accurate portrayal of the deliberations of the ICPC is presented.
4. Ensure all ICPC members' views and concerns are acknowledged.
5. Manage ICPC conflict and dissent.
6. Ensure that a Comprehensive HIV Prevention Plan is developed and periodically updated, including the provision of technical assistance to meet the needs of the Department of Health and Welfare and community-based providers in the areas of program planning, implementation, and evaluation.

### ***Welcome to HIV Community Planning***

The Department of Health & Welfare's STD/AIDS Program thanks you for your interest in and commitment to the Idaho Care & Prevention Council (ICPC).

The purpose of the ICPC is to promote effective care and prevention programming in the state of Idaho. Our goal is to reduce the further spread of HIV infection. The ICPC uses an ongoing participatory process that incorporates the views and perspectives of providers of HIV services and those infected and affected by HIV.

Throughout the time you serve as an ICPC member, you will receive support from the co-chairs, committee chairs and other members of the ICPC. This booklet has been designed as an introduction to the community planning process.

The ICPC process involves many steps. You will not be expected to know everything there is to know immediately. Be patient with yourself ... the co-chairs ... and other members ... as you become familiar with the community planning process.

Thank you for accepting this responsibility!



## ***How the Community Planning Links Fit Together***



### ***Our Mission***

The Idaho HIV Care and Prevention Council works to reduce the spread of HIV infection in Idaho and offer quality care services for those already infected.

### ***Our History***

The Centers for Disease Control and Prevention (CDC) mandated community planning for HIV prevention in 1993. In response, Idaho's community planning group was created in 1994. The ICPC follows a collaborative planning process. Shared decision making is essential to planning HIV prevention and care services.

### ***Pieces of the Puzzle***

The community planning process includes these tasks:

- 1) Assessing the extent of Idaho's HIV epidemic.
- 2) Assessing Idaho's existing prevention resources.
- 3) Identifying unmet HIV prevention and care needs.
- 4) Defining the potential impact of specific prevention interventions.
- 5) Prioritizing HIV prevention and care needs.
- 6) Developing a locally specific prevention and care plan.
- 7) Evaluating the planning process.



## ***ICPC Co-Chair Job Description***

### ***F. Role Statement***

1. Share responsibility in guiding the ICPC in accomplishing its purpose.
2. Help prepare agendas and conduct meetings.
3. Oversee, with the STD/AIDS Program, the distribution and use of funds to support community planning meetings.
4. Communicate with the STD/AIDS Program regarding HIV prevention and care services planning.
5. Participate with the STD/AIDS Program in developing policy regarding HIV prevention and care services planning.
6. Represent the ICPC and HIV prevention and care services planning in their local communities.
7. Represent the ICPC membership at meetings with the STD/AIDS Program staff.
8. Write a letter of concurrence or non-concurrence on behalf of the ICPC to accompany the HIV Prevention Plan and cooperative agreement to CDC.
9. Review the Care Services plan on behalf of the ICPC.

### ***G. Length of Appointment***

The Co-Chairs are elected by the members of the ICPC to serve a two- year term and they may stand for re-election.



9. (c.) mental health services; and (d.) other public health needs are addressed within the Comprehensive HIV Prevention Plan.
10. Evaluate the HIV Prevention Community Planning Process and assess the responsiveness and effectiveness of the health department's application for Federal HIV Prevention funds in addressing the priorities identified in the Comprehensive Plan.

## ***Working on the Links***



These are the players in the community planning process:

*ICPC members.* People who represent those infected and affected by HIV in Idaho.

*Community-based organizations and health departments.* Also represented on the ICPC, these agencies provide HIV prevention and care services.

*Other professional experts.* The ICPC recruits members with expertise in epidemiology, behavioral science, education, substance abuse and corrections.

*ICPC Co-Chairs.* The Community Co-Chair is elected from ICPC members not associated with the health departments. The Health Department Co-Chair is elected from members who are employed by the district health departments.

*Idaho STD/AIDS Program.* The STD/AIDS Program Manager is an ICPC member, and is responsible for carrying out the HIV prevention and care plans in Idaho.

*Centers for Disease Control and Prevention (CDC).* The federal agency that provides funding for community planning and HIV prevention services.

*Health Resources and Services Administration (HRSA).* The federal agency that provides funding for Ryan White Titles II and III Care Services in Idaho.

*ICPC Resource Staff and Consultants.* The ICPC is supported by a meeting organizer, meeting facilitator, and technical assistance consultants as needed.



## ***Rules and Regulations***

### ***Membership***

Membership on the ICPC is for 3 years. All prospective members must make written application to the Administrative Committee, which will conduct an open nomination process and review applications annually. Terms are staggered to provide overlap and continuity with new member terms beginning in January. In accordance with the bylaws, the membership of the ICPC shall reflect the criteria of Parity, Inclusion, and Representation (as described in the CDC Supplemental Guidance on HIV Prevention Community Planning) to the extent that these criteria are compatible with the group's purpose and role.

Each member is expected to:

- make a commitment to the group's process and its results
- be prepared for and attend meetings
- undertake special tasks as requested by the ICPC and agreed to by the member
- promote the ICPC and its projects
- work to accomplish and support PIR within ICPC
- participate in all group discussions
- accept, endorse, and commit to the group's Roles and Responsibilities as adopted
- participate in process evaluation activities, and,
- commit adequate personal and professional time to fulfill all of the above.

### ***E. Major Duties and Tasks***

1. Identify technical assistance/capacity development needs for effective community participation in the planning process.
2. Review available epidemiological, evaluation, behavioral and social science, cost-effectiveness, and needs assessment data and other information required to prioritize HIV prevention needs, and collaborate with the health department on how best to obtain additional data and information.
3. Assess existing community resources to determine the community's capability to respond to the HIV epidemic.
4. Identify priority populations for HIV prevention services.
5. Identify unmet HIV prevention needs within defined populations.
6. Prioritize HIV prevention needs by target populations and propose high-priority strategies and interventions.
7. Identify the technical assistance needs of community-based providers in the areas of program planning, intervention, and evaluation.
8. Consider how (a.) counseling, testing, referral, and partner notification (CTPRN), early intervention, primary care, and other HIV-related services; (b.) STD, TB, and substance abuse prevention and treatment;



## ***ICPC Member Job Description***

### ***B. Role Statement***

As a member of the Idaho Care and Prevention Council (ICPC), it is your role to:

1. Make a commitment to this process and its results.
2. Participate in all decisions and problem solving.
3. Undertake special tasks, as requested by the ICPC
4. Gather data and information as needed.

### ***C. Length of Commitment***

ICPC members are asked to serve for three years, subject to reappointment, at the request of the member through the written application process.

### ***D. Estimated Time Required***

1. Approximately 3 face-to-face meetings every year (2-3 day meetings).
2. Possible frequent meetings of committees, which may come in the form of conference calls, e-mail communication and/or face-to-face meetings.
3. Several hours per month for specific task completion.
4. Committee Chair may require additional hours of commitment.

## ***Conflict of Interest***

The ICPC may have members who are professionally or personally affiliated with organizations that may request or receive funds from the STD/AIDS Program for HIV prevention activities. Because of the potential for conflict of interest, the ICPC has adopted a Disclosure Statement which all current and future ICPC members must complete and provide to the ICPC Secretary.

## ***Ground Rules***

The ICPC has adopted the following rules to aid in keeping the group functioning efficiently and effectively:

- end on time
- stay on task
- respect differences; disagree with ideas, not persons
- respect every opinion
- don't take remarks personally
- recognize stereotypes
- respect confidentiality
- take the debate and leave the "dirt"
- remember compassion
- everyone is responsible
- plan to attend the entire meeting

## ***Expenses***

Funding for member transportation, lodging, and per diem are covered by the Idaho Department of Health and Welfare STD/AIDS Program as funding allows. Costs to attend meeting are reimbursed by submitting a travel voucher.



## The Chain of Community Planning



There are *five* core objectives to the community planning process.

Objective #1: Fostering the open and participatory nature of the community planning process.

Objective #2: Ensuring that the ICPC reflects the diversity of the epidemic in the state and that expertise in epidemiology, behavioral/social science, health planning and evaluation is included in the process.

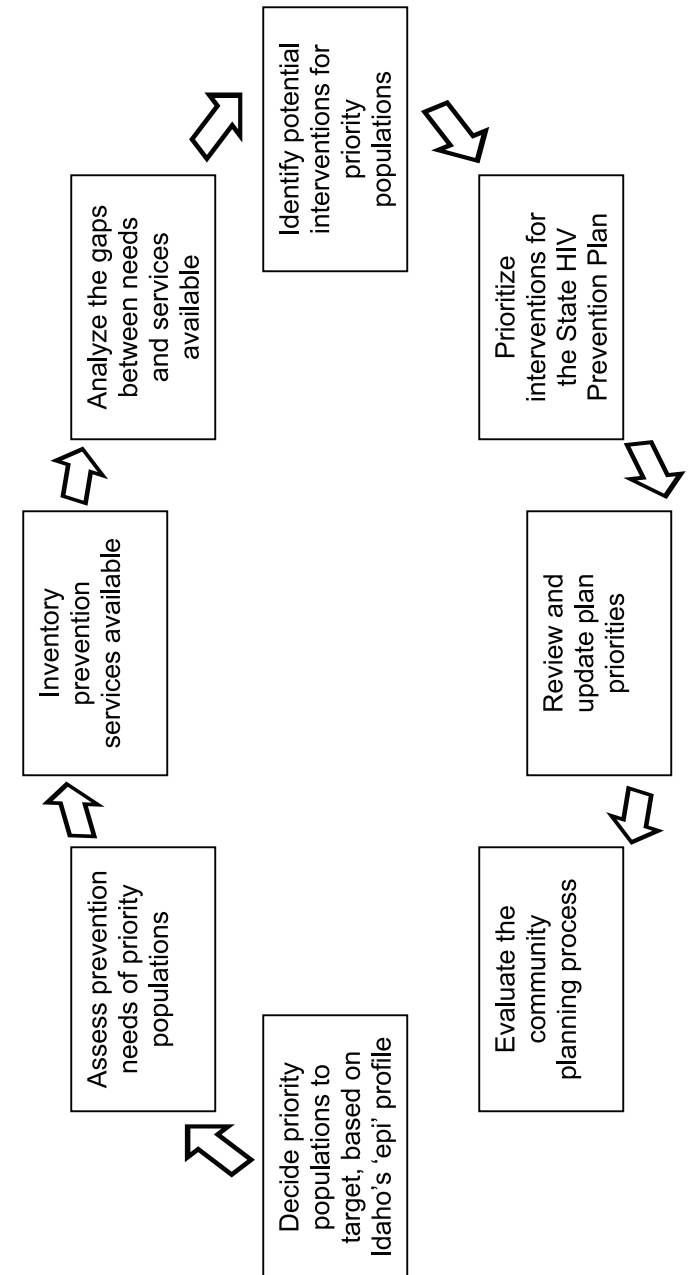
Objective #3: Ensuring that priority HIV prevention needs are determined based on an epidemiological profile and a needs assessment.

Objective #4: Ensuring that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost and cost-effectiveness, theory, and community norms and values.

Objective #5: Fostering strong, logical links between the community planning process, the application for funding, and allocation of CDC's HIV prevention resources.



## The Steps of HIV Prevention Community Planning





## 8. Reviewing and Updating the Plan

Community planning is an ongoing process and therefore the three-year comprehensive plans should have periodic review.

## **Steps in the HIV Community Planning Process**

### *A. The Epidemiological Profile*

The purpose of the “Epi” Profile is to assess and describe the extent, distribution, and impact of HIV in defined populations in Idaho. The “Epi” Profile provides statistical (quantitative) data which is the foundation of the profile.

Other qualitative data may assist in developing a strategy to address the HIV epidemic in our state. This supplemental data may be gathered from a variety of sources, including:

- ☆ Statistics illustrating unsafe sexual behaviors
- ☆ Statistics illustrating drug abuse
- ☆ Statistics illustrating socio-economic status
- ☆ Surveys
- ☆ Focus groups
- ☆ Key informant interviews
- ☆ Health department reports, and
- ☆ Outcome evaluations

After reviewing the “Epi” Profile, the ICPC defines the target populations being at greatest risk for HIV infection in Idaho.



## *2. Needs Assessment*

Once the target populations have been identified for our state, a needs assessment is conducted to assess the HIV prevention needs for each population. The ICPC has a Needs Assessment Committee whose purpose is to assist in the design and strategy for implementing a needs assessment for each target population.

## *3. Resource Inventory*

This step in the community planning process describes the existing community resources for HIV prevention which determines a community's ability to respond to the epidemic. A survey of service providers produces a summary of activities and services provided by organizations and agencies in any given geographic region. These resources may/or may not be directly HIV-related, but may include the existence of social networks, educational institutions, businesses, or other community activities that may promote HIV risk reduction.

## *4. Gap Analysis*

The ICPC identifies the unmet HIV care and prevention needs in the high risk populations defined in the "epi" profile. The unmet needs are identified by comparing the gap between the resources available and the needs assessed.

## *5. Potential Strategies & Interventions*

The ICPC's Prevention Intervention and Care Services committees are responsible for researching effective interventions that are appropriate for Idaho. These interventions should be prioritized based upon certain criteria. The criteria include meeting a target population's needs, whether or not the intervention has a proven track record, the cost to implement the intervention, and the behavioral theory behind the intervention.

## *6. Develop a Plan*

Each ICPC committee assists in contributing to the development of the Idaho Comprehensive HIV Prevention and Comprehensive HIV Care Plans.

Once these documents are complete, they are used as the basis for federal funding applications. The HIV Prevention grant application is submitted annually to the Centers for Disease Control and Prevention (CDC), while the Ryan White Title II application (HIV care) is submitted to the Health Resources and Services Administration (HRSA).

The development of the 3-year comprehensive plans and the annual grant applications are the responsibility of the Idaho STD/AIDS Program.

## *7. Evaluation of the Community Planning Process*

The Administrative Committee of the ICPC is responsible for evaluating the effectiveness of Idaho's community planning process. Each member of the ICPC is asked questions regarding their involvement and participation in the process.

